

Arthur Langer CPA PC  
52 Clubhouse Circle  
Melville, NY 11747

**HENRY SIMON**  
**71 TONJES ROAD**  
**CALLICOON, NY 12723**  
**|||||**

**Arthur Langer CPA PC  
52 Clubhouse Circle  
Melville, NY 11747  
516-702-3002**

September 13, 2025

**CONFIDENTIAL**

HENRY SIMON  
71 TONJES ROAD  
CALLICOON, NY 12723

Dear HENRY:

We have prepared the following returns from information provided by you without verification or audit:

U.S. Individual Income Tax Return (Form 1040)  
New York Resident Income Tax Return (Form IT-201)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

This office is committed to using safeguards that protect your information from data theft. To further protect your identity, you can also take steps to stop thieves. IRS Publication 4524 ([www.irs.gov/pub/irs-pdf/p4524.pdf](http://www.irs.gov/pub/irs-pdf/p4524.pdf)) outlines simple steps that help you keep your computer secure, avoid phishing and malware, and protect your personal information.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions or if we can be of assistance in any way, please do not hesitate to call.

Sincerely,

Arthur Langer CPA PC

**Arthur Langer CPA PC**  
**52 Clubhouse Circle**  
**Melville, NY 11747**  
**516-702-3002**

September 13, 2025

**CONFIDENTIAL**

HENRY SIMON  
71 TONJES ROAD  
CALLICOON, NY 12723

For professional services rendered in connection with the preparation of your 2024 individual tax return:

Amount due	\$ <u>0.00</u>
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**Filing Instructions**  
**Electronically Filed**  
**Form 1040 US Individual Income Tax Return**  
**With**  
**Form 8879 IRS e-file Signature Authorization**  
**Taxable Year Ended December 31, 2024**

**Name:** HENRY SIMON

**Date Due:** October 15, 2025

**Remittance:** None is required. The return shows a total overpayment of \$89, which is to be refunded in its entirety.

**Signature:** Form 8879 IRS e-file Signature Authorization authorizes your electronically filed return to be signed with a Personal Identification Number (PIN) and certifies that Part I amounts are from your tax return. Review and sign the Form 8879 IRS e-file Signature Authorization and mail it as soon as possible to:

Arthur Langer CPA PC  
52 Clubhouse Circle  
Melville, NY 11747

***Important:*** Your return will not be filed with the IRS until the signed Form 8879 IRS e-file Signature Authorization has been received by this office.

Retain a copy of the signed and dated Form 8879 for your records.

**Other:** Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of Form 1040 to the IRS it will delay processing of your return.

## IRS e-file Signature Authorization

Form **8879**

(Rev. January 2021)

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0074

- ERO must obtain and retain completed Form 8879.  
► Go to [www.irs.gov/Form8879](http://www.irs.gov/Form8879) for the latest information.

Submission Identification Number (SID) 

Taxpayer's name

**HENRY****SIMON**

Social security number

**669-30-1405**

Spouse's name

Spouse's social security number

**Part I Tax Return Information — Tax Year Ending December 31, 2024** (Enter year you are authorizing.)

Enter whole dollars only on lines 1 through 5.

**Note:** Form 1040-SS filers use line 4 only. Leave lines 1, 2, 3, and 5 blank.

<b>1</b> Adjusted gross income	<b>1</b>	<b>2,796</b>
<b>2</b> Total tax	<b>2</b>	
<b>3</b> Federal income tax withheld from Form(s) W-2 and Form(s) 1099	<b>3</b>	<b>89</b>
<b>4</b> Amount you want refunded to you	<b>4</b>	<b>89</b>
<b>5</b> Amount you owe	<b>5</b>	

**Part II Taxpayer Declaration and Signature Authorization (Be sure you get and keep a copy of your return)**

Under penalties of perjury, I declare that I have examined a copy of the income tax return (original or amended) I am now authorizing, and to the best of my knowledge and belief, it is true, correct, and complete. I further declare that the amounts in Part I above are the amounts from the income tax return (original or amended) I am now authorizing. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send my return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my federal taxes owed on this return and/or a payment of estimated tax, and the financial institution to debit the entry to this account. This authorization is to remain in full force and effect until I notify the U.S. Treasury Financial Agent to terminate the authorization. To revoke (cancel) a payment, I must contact the U.S. Treasury Financial Agent at **1-888-353-4537**. Payment cancellation requests must be received no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I further acknowledge that the personal identification number (PIN) below is my signature for the income tax return (original or amended) I am now authorizing and, if applicable, my Electronic Funds Withdrawal Consent.

**Taxpayer's PIN: check one box only**

☒ I authorize **Arthur Langer CPA PC** to enter or generate my PIN **01405** as my  
ERO firm name  
signature on the income tax return (original or amended) I am now authorizing.  
Enter five digits, but  
don't enter all zeros

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only**  
if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III  
below.

Your signature ► \_\_\_\_\_ Date ► **09/13/25****Spouse's PIN: check one box only**

☐ I authorize \_\_\_\_\_ to enter or generate my PIN \_\_\_\_\_ as my  
ERO firm name  
signature on the income tax return (original or amended) I am now authorizing.  
Enter five digits, but  
don't enter all zeros

☐ I will enter my PIN as my signature on the income tax return (original or amended) I am now authorizing. Check this box **only**  
if you are entering your own PIN **and** your return is filed using the Practitioner PIN method. The ERO must complete Part III  
below.

Spouse's signature ► \_\_\_\_\_ Date ► \_\_\_\_\_

**Practitioner PIN Method Returns Only—continue below****Part III Certification and Authentication — Practitioner PIN Method Only**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN.

**12076300256**

Don't enter all zeros

I certify that the above numeric entry is my PIN, which is my signature for the electronic individual income tax return (original or amended) I am now authorized to file for tax year indicated above for the taxpayer(s) indicated above. I confirm that I am submitting this return in accordance with the requirements of the Practitioner PIN method and **Pub. 1345**, Handbook for Authorized IRS e-file Providers of Individual Income Tax Returns.

ERO's signature ► **Arthur Langer CPA** Date ► **09/13/25**

**ERO Must Retain This Form — See Instructions**  
**Don't Submit This Form to the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8879** (Rev. 01-2021)

Form

1040

Department of the Treasury—Internal Revenue Service

U.S. Individual Income Tax Return

2024

OMB No. 1545-0074

IRS Use Only—Do not write or staple in this space.

For the year Jan. 1–Dec. 31, 2024, or other tax year beginning , 2024, ending , 20 .

See separate instructions.

Your first name and middle initial

HENRY

Last name

SIMON

Your social security number

669-30-1405

If joint return, spouse's first name and middle initial

Last name

Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions.

71 TONJES ROAD

Apt. no.

City, town, or post office. If you have a foreign address, also complete spaces below.

CALLICOON

State

NY

ZIP code

12723

Foreign country name

Foreign province/state/county

Foreign postal code

Presidential Election Campaign

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

☐ You

☐ Spouse

Filing Status

☒ Single

☐ Head of household (HOH)

☐ Married filing jointly (even if only one had income)

☐ Married filing separately (MFS)

☐ Qualifying surviving spouse (QSS)

Check only one box.

If you checked the MFS box, enter the name of your spouse. If you checked the HOH or QSS box, enter the child's name if the qualifying person is a child but not your dependent:

☐ If treating a nonresident alien or dual-status alien spouse as a U.S. resident for the entire tax year, check the box and enter their name (see instructions and attach statement if required):

Digital Assets

At any time during 2024, did you: (a) receive (as a reward, award, or payment for property or services); or (b) sell, exchange, or otherwise dispose of a digital asset (or a financial interest in a digital asset)? (See instructions.)

☐ Yes

☒ No

Standard Deduction

Someone can claim:

☒ You as a dependent

☐ Your spouse as a dependent

☐ Spouse itemizes on a separate return or you were a dual-status alien

Age/Blindness

You:

☐ Were born before January 2, 1960

☐ Are blind

Spouse:

☐ Was born before January 2, 1960

☐ Is blind

Dependents (see instructions):

If more than four dependents, see instr. and check here ☐

(1) First name

Last name

(2) Social security number

(3) Relationship to you

(4) Check the box if qualifies for (see instructions):

Child tax credit

Credit for other dependents

Income

1a Total amount from Form(s) W-2, box 1 (see instructions)

1a 2,796

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

b Household employee wages not reported on Form(s) W-2

1b

c Tip income not reported on line 1a (see instructions)

1c

d Medicaid waiver payments not reported on Form(s) W-2 (see instructions)

1d

e Taxable dependent care benefits from Form 2441, line 26

1e

f Employer-provided adoption benefits from Form 8839, line 29

1f

g Wages from Form 8919, line 6

1g

h Other earned income (see instructions)

1h

i Nontaxable combat pay election (see instructions)

1i

z Add lines 1a through 1h

1z 2,796

Attach Sch. B if required.

2a Tax-exempt interest

2a

b Taxable interest

2b

3a Qualified dividends

3a

b Ordinary dividends

3b

4a IRA distributions

4a

b Taxable amount

4b

5a Pensions and annuities

5a

b Taxable amount

5b

6a Soc. sec. ben.

6a 10,409

b Taxable amount

6b 0

c If you elect to use the lump-sum election method, check here (see instructions)

7

7 Capital gain or (loss). Attach Schedule D if required. If not required, check here

8

8 Additional income from Schedule 1, line 10

8 0

9 Add lines 1z, 2b, 3b, 4b, 5b, 6b, 7, and 8. This is your total income

9 2,796

10 Adjustments to income from Schedule 1, line 26

10 0

11 Subtract line 10 from line 9. This is your adjusted gross income

11 2,796

12 Standard deduction or itemized deductions (from Schedule A)

12 3,246

13 Qualified business income deduction from Form 8995 or Form 8995-A

13

14 Add lines 12 and 13

14 3,246

15 Subtract line 14 from line 11. If zero or less, enter -0-. This is your taxable income

15 0

Standard Deduction for –

• Single or Married filing separately, \$14,600

• Married filing jointly or Qualifying surviving spouse, \$29,200

• Head of household, \$21,900

• If you checked any box under Standard Deduction, see instructions.

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040 (2024)

DAA

Tax and Credits

16 Tax (see instructions). Check if any from Form(s): 1 ☐ 8814 2 ☐ 4972  
3 ☐

17 Amount from Schedule 2, line 3

18 Add lines 16 and 17

19 Child tax credit or credit for other dependents from Schedule 8812

20 Amount from Schedule 3, line 8

21 Add lines 19 and 20

22 Subtract line 21 from line 18. If zero or less, enter -0-

23 Other taxes, including self-employment tax, from Schedule 2, line 21

24 Add lines 22 and 23. This is your **total tax**

16

17

18

19

20

21

22

23

24

0

0

0

0

Payments

25 Federal income tax withheld from:  
a Form(s) W-2  
b Form(s) 1099  
c Other forms (see instructions)  
d Add lines 25a through 25c

26 2024 estimated tax payments and amount applied from 2023 return

27 Earned income credit (EIC) NO

28 Additional child tax credit from Schedule 8812

29 American opportunity credit from Form 8863, line 8

30 Reserved for future use

31 Amount from Schedule 3, line 15

32 Add lines 27, 28, 29, and 31. These are your **total other payments and refundable credits**

33 Add lines 25d, 26, and 32. These are your **total payments**

25a

25b

25c

25d

26

27

28

29

30

31

32

33

89

89

89

89

Refund

34 If line 33 is more than line 24, subtract line 24 from line 33. This is the amount you **overpaid**

35a Amount of line 34 you want **refunded to you**. If Form 8888 is attached, check here ☐

b Routing number XXXXXXXXXX c Type: ☐ Checking ☐ Savings

d Account number XXXXXXXXXXXXXXXXXXXX

36 Amount of line 34 you want **applied to your 2025 estimated tax**

37 Subtract line 33 from line 24. This is the **amount you owe**.  
For details on how to pay, go to [www.irs.gov/Payments](http://www.irs.gov/Payments) or see instructions

38 Estimated tax penalty (see instructions)

34

35a

36

37

38

89

89

Third Party Designee

Do you want to allow another person to discuss this return with the IRS? See instructions ☐ **Yes**. Complete below. ☐ **No**

Designee's name Phone no. Personal identification number (PIN)

Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see instr.)

Spouse's signature. If a joint return, **both** must sign. Date Spouse's occupation If the IRS sent your spouse an Identity Protection PIN, enter it here (see instr.)

STUDENT

Paid Preparer Use Only

Preparer's name Arthur Langer CPA Preparer's signature Arthur Langer CPA Date 09/13/25 PTIN P01396073 Check if: ☒ Self-employed

Firm's name Arthur Langer CPA PC Phone no. 516-702-3002

Firm's address 52 Clubhouse Circle Melville NY 11747 Firm's EIN 81-4277329

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Form **1040** (2024)

DAA

## **Filing Instructions**

### **Form IT-201 - New York Income Tax Return**

**Taxable Year Ended December 31, 2024**

**Name:** HENRY SIMON

**Date Due:** October 15, 2025

**Remittance:** None is required. There is a total overpayment of \$78, which is to be refunded in its entirety.

**Signature:** Sign and date Form TR-579-IT, New York State E-file Signature Authorization. Return it as soon as possible to:

Arthur Langer CPA PC  
52 Clubhouse Circle  
Melville, NY 11747

**Other:** Your return is being filed electronically. Do not mail Form IT-201.





# New York State E-File Signature Authorization for Tax Year 2024

## For Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210

**Electronic return originator (ERO):** Do not mail this form to the Tax Department. Keep it for your records.

Taxpayer's name  HENRY SIMON	Spouse's name (jointly filed return only)
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**Purpose**

Form TR-579-IT must be completed to authorize an ERO to e-file a personal income tax return and to transmit bank account information for the electronic funds withdrawal.

**General instructions**

Taxpayers must complete Part B before the ERO transmits the taxpayer's electronically filed Forms IT-201, *Resident Income Tax Return*, IT-201-X, *Amended Resident Income Tax Return*, IT-203, *Nonresident and Part-Year Resident Income Tax Return*, IT-203-X, *Amended Nonresident and Part-Year Resident Income Tax Return*, IT-214, *Claim for Real Property Tax Credit*, and NYC-210, *Claim for New York City School Tax Credit*. Note that an electronic signature can be used as described in TSB-M-20(1)C, (2), *E-File Authorizations (TR-579 forms) for Taxpayers Using a Paid Preparer for Electronically Filed Tax Returns*.

For returns filed jointly, both spouses must complete and sign Form TR-579-IT.

EROs must complete Part C prior to transmitting electronically filed income tax returns (Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210).

Both the paid preparer and the ERO are required to sign Part C. However, an individual performing as both the paid preparer and the ERO is only required to sign as the paid preparer. It is not necessary to include the ERO signature in this case. Note that an alternative signature can be used as described in Publication 58, *Information for Income Tax Return Preparers*, available on our website.

This form is not required for electronically filed Form IT-370, *Application for Automatic Six-Month Extension of Time to File for Individuals*. See Form TR-579.1-IT, *New York State Taxpayer Authorization for Electronic Funds Withdrawal for Tax Year 2023 Form IT-370 and Tax Year 2025 Form IT-2105*.

**Part A – Tax return information**

- 1 Federal adjusted gross income (from applicable line) .....  
2 Refund .....  
3 Amount you owe .....  
4 Financial institution routing number .....  
5 Financial institution account number .....  
6 Account type: ☐ Personal checking ☐ Personal savings ☐ Business checking ☐ Business savings

1.	2,796.
2.	78.
3.	
4.	
5.	

**Part B – Declaration of taxpayer and authorizations for Forms IT-201, IT-201-X, IT-203, IT-203-X, IT-214, and NYC-210**

Under penalty of perjury, I declare that I have examined the information on my 2024 New York State electronic personal income tax return, including any accompanying schedules, attachments, and statements, and certify that my electronic return is true, correct and complete. The ERO has my consent to send my 2024 New York State electronic return to New York State through the Internal Revenue Service (IRS). In addition, by using a computer system and software to prepare and transmit my form electronically, I consent to the disclosure to New York State of all information pertaining to the transmission of my tax form electronically. I understand that by executing this Form TR-579-IT, I am authorizing the ERO to sign and file this return on my behalf and agree that the ERO's submission of my personal income tax return to the

IRS, together with this authorization, will serve as the electronic signature for the return and any authorized payment transaction. If I am paying my New York State personal income taxes due by electronic funds withdrawal, I certify that the account holder has authorized the New York State Tax Department and its designated financial agents to initiate an electronic funds withdrawal from the financial institution account indicated on my 2024 electronic return, and authorized the financial institution to withdraw the amount from that account. As New York does not support International ACH Transactions (IAT), I attest the source for these funds is within the United States. I understand and agree that I may revoke this authorization for payment only by contacting the Tax Department no later than two (2) business days prior to the payment date.

Taxpayer's signature	Date 09132025
Spouse's signature (jointly filed return only)	Date

**Part C – Declaration of electronic return originator (ERO) and paid preparer**

Under penalty of perjury, I declare that the information contained in this 2024 New York State electronic personal income tax return is the information furnished to me by the taxpayer. If the taxpayer furnished me a completed paper 2024 New York State return signed by a paid preparer, I declare that the information contained in the taxpayer's 2024 New York State electronic return

is identical to that contained in the paper copy of the return. If I am the paid preparer, under penalty of perjury I declare that I have examined this 2024 New York State electronic personal income tax return, and, to the best of my knowledge and belief, the return is true, correct, and complete. I have based this declaration on all information available to me.

**Do not mail Form TR-579-IT to the Tax Department:**

EROs must keep this form for three years and present it to the Tax Department upon request.

ERO's signature	Print name	Date
Paid preparer's signature ARTHUR LANGER CPA	Print name ARTHUR LANGER CPA	Date 09132025



Department of Taxation and Finance

# Resident Income Tax Return

New York State • New York City • Yonkers • MCTMT

# IT-201

For the full year January 1, 2024, through December 31, 2024, or fiscal year beginning ...

and ending ...

For help completing your return, see the instructions, Form IT-201-I.

Your first name	MI	Your last name (for a joint return, enter spouse's name on line below)	Your date of birth (mmddyyyy)	Your Social Security number
HENRY		SIMON	04222006	669301405
Spouse's first name	MI	Spouse's last name	Spouse's date of birth (mmddyyyy)	Spouse's Social Security number
Mailing address (see instructions) (number and street or PO Box)			Apartment number	New York State county of residence
71 TONJES ROAD				DELA
City, village, or post office	State	ZIP code	Country	School district name
CALLICOON	NY	12723		SULLIVAN WEST
Taxpayer's permanent home address (see instructions) (number and street or rural route)			Apartment number	School district code number
				143
City, village, or post office	State	ZIP code	Taxpayer's date of death (mmddyyyy)	Spouse's date of death (mmddyyyy)
	NY			

## A Filing status

(mark an X in one box):

- ① ☒ Single
- ② ☐ Married filing joint return  
(enter spouse's Social Security number above)
- ③ ☐ Married filing separate return  
(enter spouse's Social Security number above)
- ④ ☐ Head of household (with qualifying person)
- ⑤ ☐ Qualifying surviving spouse

B Did you itemize your deductions on your 2024 federal income tax return? Yes ☐ No ☒

C Can you be claimed as a dependent on another taxpayer's federal return? Yes ☒ No ☐



D1 Did you have a financial account located in a foreign country? Yes ☐ No ☒

D2 (1) Did you or your spouse maintain living quarters in Yonkers for any part of 2024? Yes ☐ No ☒

If Yes:

(2) Number of months you lived in Yonkers in 2024

(3) Number of months your spouse lived in Yonkers in 2024

If No:

(4) Did you or your spouse work in Yonkers while not living in Yonkers for any part of 2024 Yes ☐ No ☒

E (1) Did you or your spouse maintain living quarters in NYC (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island) during 2024? Yes ☐ No ☒

(2) Enter the number of days spent in NYC in 2024 (any part of a day spent in NYC is considered a day)

F NYC residents and NYC part-year residents only:

(1) Number of months you lived in NYC in 2024

(2) Number of months your spouse lived in NYC in 2024

G Enter your 2-character special condition code(s) if applicable

## H Dependent information

First name	MI	Last name	Relationship	Social Security number	Date of birth (mmddyyyy)

If more than 7 dependents, mark an X in the box. ☐

201001241022



For office use only

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM

Your Social Security number
669301405

Federal income and adjustments

Whole dollars only

1	Wages, salaries, tips, etc.	1	2796 .00
2	Taxable interest income	2	.00
3	Ordinary dividends	3	.00
4	Taxable refunds, credits, or offsets of state and local income taxes (also enter on line 25)	4	.00
5	Alimony received	5	.00
6	Business income or loss (submit a copy of federal Schedule C, Form 1040)	6	.00
7	Capital gain or loss (if required, submit a copy of federal Schedule D, Form 1040)	7	.00
8	Other gains or losses (submit a copy of federal Form 4797)	8	.00
9	Taxable amount of IRA distributions. If received as a beneficiary, mark an X in the box	9	.00
10	Taxable amount of pensions and annuities. If received as a beneficiary, mark an X in the box	10	.00
11	Rental real estate, royalties, partnerships, S corporations, trusts, etc. (submit copy of federal Schedule E, Form 1040)	11	.00
12	Rental real estate included in line 11	12	.00
13	Farm income or loss (submit a copy of federal Schedule F, Form 1040)	13	.00
14	Unemployment compensation	14	.00
15	Taxable amount of Social Security benefits (also enter on line 27)	15	.00
16	Other income Identify:	16	.00
17	Add lines 1 through 11 and 13 through 16	17	2796 .00
18	Total federal adjustments to income Identify:	18	.00
19	Federal adjusted gross income (subtract line 18 from line 17)	19	2796 .00

New York additions

20	Interest income on state and local bonds and obligations (but not those of NYS or its local governments)	20	.00
21	Public employee 414(h) retirement contributions from your wage and tax statements	21	.00
22	New York's 529 college savings program distributions	22	.00
23	Other (Form IT-225, line 9)	23	.00
24	Add lines 19 through 23	24	2796 .00

New York subtractions

25	Taxable refunds, credits, or offsets of state & local income taxes (from line 4)	25	.00
26	Pensions of NYS and local governments and the federal government	26	.00
27	Taxable amount of Social Security benefits (from line 15)	27	.00
28	Interest income on U.S. government bonds	28	.00
29	Pension and annuity income exclusion	29	.00
30	New York's 529 college savings program deduction/earnings	30	.00
31	Other (Form IT-225, line 18)	31	.00
32	Add lines 25 through 31	32	.00
33	New York adjusted gross income (subtract line 32 from line 24)	33	2796 .00



Standard deduction or itemized deduction

34	Enter your standard deduction or your itemized deduction (from Form IT-196) Mark an X in the appropriate box: <input checked="" type="checkbox"/> Standard - or - <input type="checkbox"/> Itemized	34	3100 .00
35	Subtract line 34 from line 33 (if line 34 is more than line 33, leave blank)	35	.00
36	Dependent exemptions (enter the number of dependents listed in item H)	36	000.00
37	Taxable income (subtract line 36 from line 35)	37	.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Name(s) as shown on page 1	Your Social Security number
HENRY SIMON	669301405

Tax calculation, credits, and other taxes

38 Taxable income (from line 37 on page 2)	38	.00
39 NYS tax on line 38 amount	39	.00
40 NYS household credit	40	.00
41 Resident credit	41	.00
42 Other NYS nonrefundable credits (Form IT-201-ATT, line 7)	42	.00
43 Add lines 40, 41, and 42	43	.00
44 Subtract line 43 from line 39 (if line 43 is more than line 39, leave blank)	44	.00
45 Net other NYS taxes (Form IT-201-ATT, line 30)	45	.00
46 Total New York State taxes (add lines 44 and 45)	46	.00

New York City and Yonkers taxes, credits, and surcharges, and MCTMT

47 NYC taxable income	47	.00
47a NYC resident tax on line 47 amount	47a	.00
48 NYC household credit	48	.00
49 Subtract line 48 from line 47a (if line 48 is more than line 47a, leave blank)	49	.00
50 Part-year NYC resident tax (Form IT-360.1)	50	.00
51 Other NYC taxes (Form IT-201-ATT, line 34)	51	.00
52 Add lines 49, 50, and 51	52	.00
53 NYC nonrefundable credits (Form IT-201-ATT, line 10)	53	.00
54 Subtract line 53 from line 52 (if line 53 is more than line 52, leave blank)	54	.00
54a MCTMT net earnings base for Zone 1	54a	.00
54b MCTMT net earnings base for Zone 2	54b	.00
54c MCTMT for Zone 1	54c	.00
54d MCTMT for Zone 2	54d	.00
54e Total MCTMT (add lines 54c and 54d)	54e	.00
55 Yonkers resident income tax surcharge	55	.00
56 Yonkers nonresident earnings tax (Form Y-203)	56	.00
57 Part-year Yonkers resident income tax surcharge (Form IT-360.1)	57	.00
58 Total New York City and Yonkers taxes / surcharges and MCTMT (add lines 54 and 54e through 57)	58	.00

See instructions to calculate New York City and Yonkers taxes, credits, and surcharges.



See instructions to calculate the MCTMT for each zone.

59 Sales or use tax (do not leave blank)	59	0 .00
60 Voluntary contributions (Form IT-227, Part 2, line 1)	60	.00
61 Total New York State, New York City, Yonkers, and sales or use taxes, MCTMT, and voluntary contributions (add lines 46, 58, 59, and 60)	61	.00

NO HANDWRITTEN ENTRIES, OTHER THAN SIGNATURE, ON THIS FORM



Your Social Security number

669301405

62 Enter amount from line 61

62 .00

**Payments and refundable credits**

63	Empire State child credit	63	.00
64	NYS/NYC child and dependent care credit	64	.00
65	NYS earned income credit (EIC)	65	.00
66	NYS noncustodial parent EIC	66	.00
67	Real property tax credit	67	.00
68	College tuition credit	68	.00
69	NYC school tax credit (fixed amount) (also complete F on page 1)	69	.00
69a	NYC school tax credit (rate reduction amount)	69a	.00
70	NYC earned income credit	70	.00
70a	This line intentionally left blank	70a	
71	Other refundable credits (Form IT-201-ATT, line 18)	71	.00
72	Total <b>New York State</b> tax withheld	72	78.00
73	Total <b>New York City</b> tax withheld	73	.00
74	Total <b>Yonkers</b> tax withheld	74	.00
75	Total estimated tax payments and amount paid with Form IT-370	75	.00
76	Total payments (add lines 63 through 75)	76	78.00



If applicable, complete Form(s) IT-2 and/or IT-1099-R and submit them with your return.

Do not send federal Form W-2 with your return.

**Your refund, amount you owe, and account information**

77	Amount overpaid (if line 76 is more than line 62, subtract line 62 from line 76)	77	78.00
78	Amount of line 77 available for refund (subtract line 79 from line 77)	78	78.00
TIP: Use this amount to check your refund status online.			
78a	Amount of line 78 that you want to deposit into a NYS 529 account (Form IT-195, line 4) (also submit Form IT-195)	78a	.00
78b	Total refund after NYS 529 account deposit (subtract line 78a from line 78)	78b	78.00

Mark one refund choice: ☐ direct deposit to checking or savings account (fill in line 83) - or - ☒ paper check

Refund? Direct deposit is the easiest, fastest way to get your refund.

See instructions for payment options.

79	Amount of line 77 that you want applied to your 2025 estimated tax (see instructions)	79	.00
80	Amount you owe (if line 76 is less than line 62, subtract line 76 from line 62). To pay by electronic funds withdrawal, mark an X in the box <input type="checkbox"/> and fill in lines 83 and 84. If you pay by check or money order you must complete Form IT-201-V and mail it with your return.	80	.00
81	Estimated tax penalty (include this amount in line 80 or reduce the overpayment on line 77)	81	.00
82	Other penalties and interest	82	.00

See instructions for the proper assembly of your return.

83 Account information for direct deposit or electronic funds withdrawal.  
If the funds for your payment (or refund) would come from (or go to) an account outside the U.S., mark an X in this box ☐83a Account type: ☐ Personal checking - or - ☐ Personal savings - or - ☐ Business checking - or - ☐ Business savings83b Routing number  83c Account number 84 Electronic funds withdrawal Date  Amount  .00

Third-party designee? (see instr.)	Print designee's name	Designee's phone number	Personal identification number (PIN)
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Email:		

▼ Paid preparer must complete ▼ (see instructions)		Preparer's NYTPRN	NYTPRN excl. code	03
Preparer's signature		Preparer's printed name		
ARTHUR LANGER CPA		ARTHUR LANGER CPA		
Firm's name (or yours, if self-employed)		Preparer's PTIN or SSN		
ARTHUR LANGER CPA PC		P01396073		
Address		Employer identification number		
52 CLUBHOUSE CIRCLE		814277329		
MELVILLE NY 11747		Date		
		09132025		
Email: ARTHUR@CPALANGER.COM				

▼ Taxpayer(s) must sign here ▼	
Your signature	
Your occupation	
STUDENT	
Spouse's signature and occupation (if joint return)	
Date	Daytime phone #
Email:	

201004241022

See instructions for where to mail your return.



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